

# *Village of Ballston Spa*

66 FRONT STREET

***Ballston Spa, NY 12020***

*518-885-5711*

January 30, 2023

To: Gabrielle Ahl  
80 McLean Street  
Ballston Spa, NY 12020

Re: Application for construction of a 2 story addition to the back of the house on property located at 80 McLean Street, Ballston Spa, NY 12020.

Tax ID: 216.41-2-6

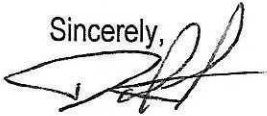
Dear Ms. Ahl:

Attached please find your denied application to build a 2 story family room and bedroom addition on the back of the house located at 80 McLean Street, Ballston Spa, NY 12020.

**Application is out of compliance with Village of Ballston Spa Code 205 Schedule B Part 1.- Does not meet minimum right side yard setback requirements. The minimum side yard setback requirement is 12'.**

If you wish to move forward with this project, please submit the enclosed Zoning Board of Appeals application to the Building Department Clerk.

Sincerely,



Dave LaFountain  
Code Enforcement Officer  
Phone: (518)885-3167  
Email: [buildinginspector@villageofballstonspa.org](mailto:buildinginspector@villageofballstonspa.org)  
Cc: Anna Stanko

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "VILLAGE OF BALLSTON SPA ZONING ORDINANCE"

1. GENERAL INFORMATION

PDD/ Subdivision Name: \_\_\_\_\_

\* Tax Map No: 216.41-2-6 Historic District:  Yes  No Ownership:  Private  Public

2. APPLICANT

Name Gabrielle Ahl Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address 80 McLean St City Ballston Spa State NY Zip Code 12020  
Telephone 518-796-2679 Ext. \_\_\_\_\_

3. PROPERTY OWNER

Name Gabrielle Ahl Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address 80 McLean St City Ballston Spa State NY Zip Code 12020  
Telephone 518-796-2679 Ext. \_\_\_\_\_ Liability Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street Number 80 Street Name: McLean St  
Apt. Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

5. USE

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

6. TYPE OF WORK

New  Addition  Change of Tenant  Other  
Brief Description of proposed work: An addition to the back of the house - 2 story family room + bedroom  
SETBACKS (in feet)  
FRONT 50  
BACK 110+  
LEFT SIDE 19  
RIGHT SIDE 7 1/2

7. PROPOSED BUILDING

Height \_\_\_\_\_ Actual Stories 2 Total Size: 960 square feet Style \_\_\_\_\_  
Type of Frame wood Type of Foundation poured masonry Number of Rooms (excl. bathrooms) 2 Number of Bathrooms 1  
Number of Bedrooms 1 Primary Heat System \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Number of Fireplaces 0 Number of Wood Stoves 0  
Sprinklers  Yes  No Central Air Conditioning  Yes  No Garage:  Attached - No. of Cars \_\_\_\_\_  Detached - No. of Cars \_\_\_\_\_

8. ARCHITECT / ENGINEER

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Professional License No. \_\_\_\_\_ State \_\_\_\_\_

9. CONTRACTOR

Name Randy Elliot Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

11. COST AND FEES

Estimated Project Cost \$ 60,000 Building Permit Fee \$ \_\_\_\_\_

12. PROVIDED WITH THIS APPLICATION

Two (2) Complete Sets of Plans  Plot Plan  Energy Audit  Materials List  Electrical Layout  Plumbing Layout

13. AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature Gabrielle Ahl DATE 1-25-2023  
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: \_\_\_\_\_ Signed \_\_\_\_\_  
Permit Denied Date: JAN 25 2023 Signed [Signature]

Reason for Denial: \_\_\_\_\_

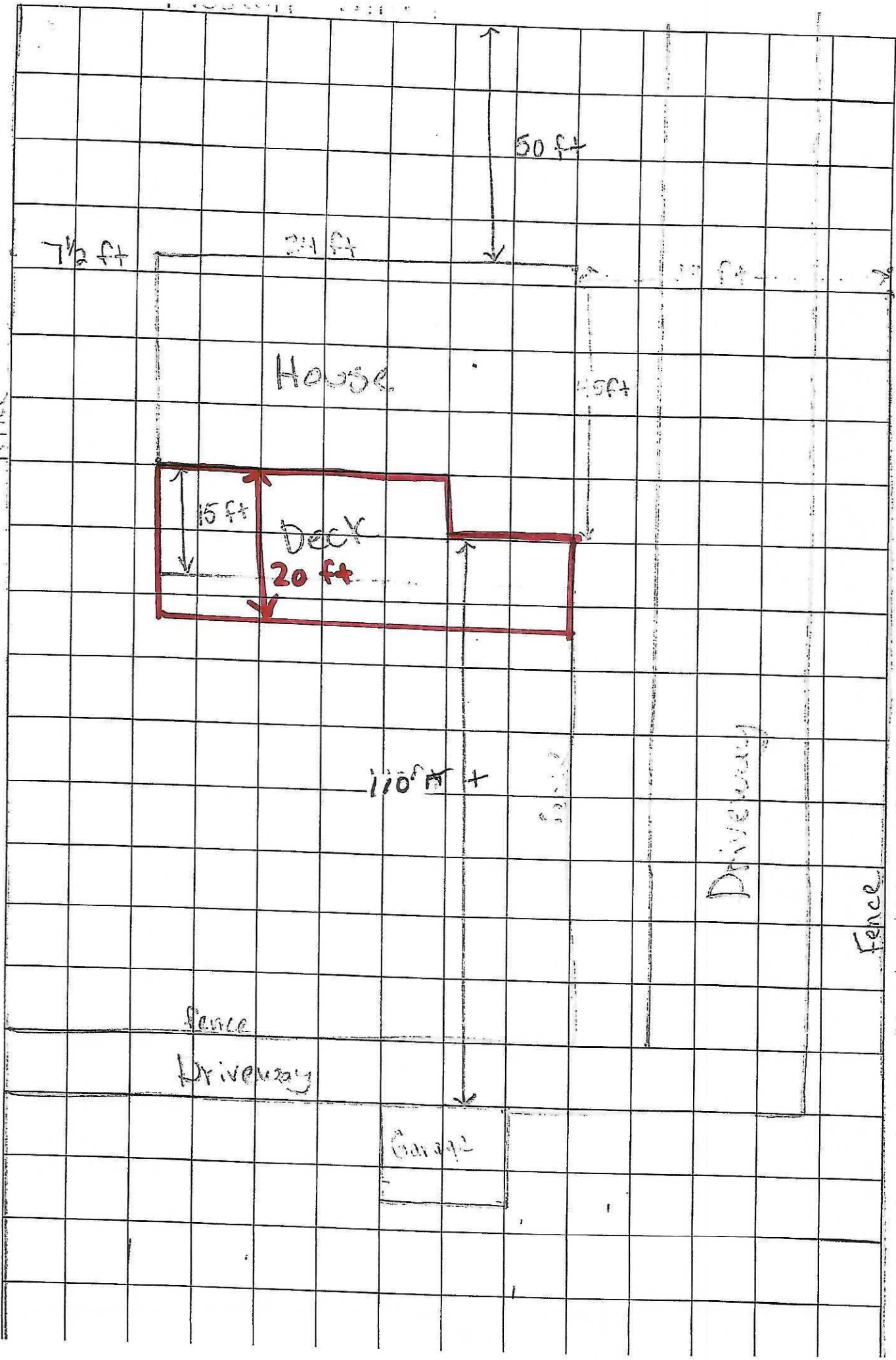
Variance/ Special Permit Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Occupancy Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Compliance Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Fence

815 ft



JAN 25 2023

fence

315 ft

JAN 15 2023

